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FROM: Michael Bergman

COMPANY: Bergman & Song LLP

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PAGES (Including Cover Sheet): 21 HARD COPY TO FOLLOW: YES X NO

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| SENT BY:  | DATE/TIME: 2/2 22:52 |
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MESSAGE:

Docket No.: -H0630-0003-P003

In re Patent Application of: Robert J. HALES

Application No.: 09/897,429

Group Art Unit: 2123

Filed: July 3, 2001

Examiner: Jason Scott PROCTOR

For: SYSTEM AND METHOD FOR NETWORK INFRASTRUCTURE
MANAGEMENT

Attachments:

1. Credit Card Payment Form PTO-2038 (1 p) (Charge \$1,110)
2. Transmittal Form PTO/SB/21 (1 p)
3. Fee Transmittal Form PTO/SB/17 (1 p)
4. Request for Extension of Time (2 pp)
5. Response to Office Action (16 pp)

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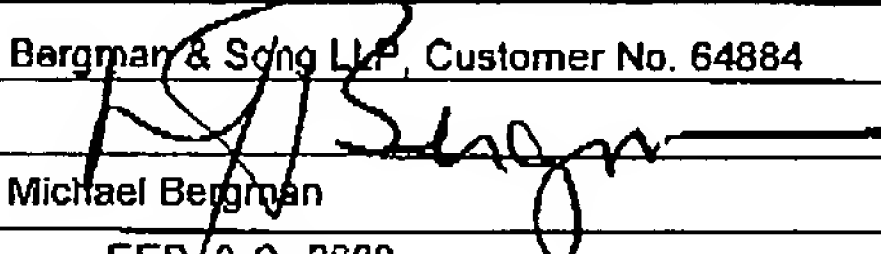
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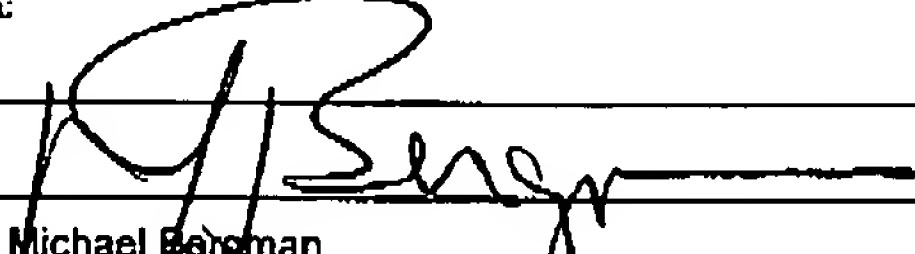
PTO/SB/21 (09-08)

Approved for use through 03/31/2007. OMB 0951-0031

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | | 09/897,429 |
|--|--|---|----------|---|
| | | Filing Date | | July 3, 2001 |
| | | First Named Inventor | | Robert J. HALES |
| | | Art Unit | | 2123 |
| | | Examiner Name | | Jason Scott PROCTOR |
| Total Number of Pages in This Submission | | Attorney Docket Number | | H0630-0003-P003 |
| ENCLOSURES (Check all that apply) | | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 p) <input checked="" type="checkbox"/> CC Form PTO-2038 (1 p) <input checked="" type="checkbox"/> Amendment / Reply (16 pp) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (2 pp) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | | <input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile Cover Sheet |
| Remarks | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | |
| Firm Name | Bergman & Song LLP, Customer No. 64884 | | | |
| Signature |  | | | |
| Printed name | Michael Bergman | | | |
| Date | FEB 02 2009 | | Reg. No. | 42,318 |

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| Signature |  | | |
| Typed or printed name | Michael Bergman | Date | FEB 02 2009 |

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PTO/SB/17 (07-07)

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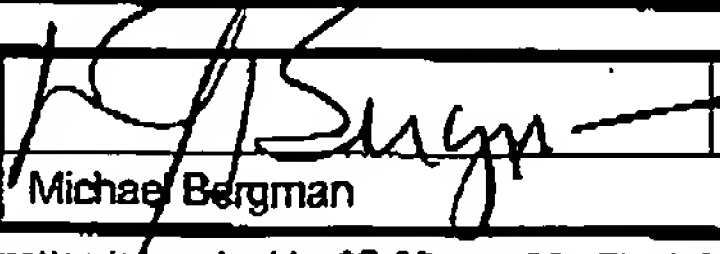
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|---|---------------|--------------------------|---------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2007 | | Complete if Known | |
| | | Application Number | 09/897,429 |
| | | Filing Date | July 3, 2001 |
| | | First Named Inventor | Robert J. HALES |
| | | Examiner Name | Jason Scott PROCTOR |
| | | Art Unit | 2123 |
| | | Attorney Docket No. | H0630-0003-P003 |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$ 1,110.00) | | |

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| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |
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| | | | | | | | |
|---|---------------------|---|--------------------------------|----------------------------------|-------------------------|-----------------------|---------------------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | | |
| <u>Application Type</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | | | | | | | |
| Design | | | | | | | |
| Plant | | | | | | | |
| Reissue | | | | | | | |
| Provisional | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| <u>Fee Description</u> | | | | | | | <u>Small Entity</u> |
| | | | | | | | <u>Fee (\$)</u> <u>Fee (\$)</u> |
| Each claim over 20 (including Reissues) | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | |
| Multiple dependent claims | | | | | | | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | | |
| - 20 or HP = | x | = | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | |
| - 3 or HP = | x | = | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is _____ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| - 100 = | - 100 | / 50 = | (round up to a whole number) x | = | \$ 0.00 | <u>Fees Paid (\$)</u> | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 3 Mo. Ext. of Time: \$1,110 | | | | | | | |
| | | | | | | | \$ 1,110.00 |

| | | | |
|---------------------|---|---|------------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. 42,318 (Attorney/Agent) | Telephone 617.868.8870 |
| Name (Print/Type) | Michael Bergman | Date FEB 02 2009 | |

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